



DEPARTMENT OF CORRECTIONS
AGENCY OF HUMAN SERVICES
STATE OF VERMONT

NUMBER

POLICY

DIRECTIVE

PROCEDURE

361.01.03 PROTOCOL

SUBJECT

Mental Health Intake Assessment

EFFECTIVE
DATE

8/20/97

REVIEWED AND
RE-ISSUED

SUPERSEDES

NEW

RECOMMENDED FOR APPROVAL BY:

SIGNATURE

AUTHORIZED BY:

SIGNATURE

I. AUTHORITY

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

II. PURPOSE STATEMENT

The purpose of this protocol is to establish a standard procedure for the timely mental health assessment of all inmates admitted to the physical custody of the Vermont Department of Corrections.

III. APPLICABILITY/ACCESSIBILITY

All individuals and groups affected by the operations of the Department of Corrections may have a copy of this protocol.

IV. DEFINITIONS

Mental Health Professional: means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner or other qualified person determined by the Commissioner of Developmental and Mental Health Services.

Initial Needs Survey (INS): is a system of structured inquiry and observation designed to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the facility's general population, and to identify those newly admitted inmates in need of medical care.

Mental Health Intake Assessment: a detailed mental health screening performed by a clinical staff member (most commonly a nurse) at the time of the routine medical and mental health intake process. Results of this assessment are utilized in identifying those inmates in need of a referral to mental health staff and/or a mental health evaluation.

Serious Mental Illness: means a substantial disorder of thought, mood, perception, orientation or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

V. PROCEDURE

- A. A Mental Health Intake Assessment will be administered to all inmates by medical staff within 14 days of admission or earlier upon referral. At central facilities, this assessment must be administered to all inmates within seven days.
 1. Those inmates identified as having mental health needs will be referred to mental health staff for a mental health evaluation;
 2. Upon referral at regional facilities, this evaluation must be conducted within three working days.
- B. The mental health intake assessment shall consist of inquiry into the following:
 1. Past and current mental health treatment to include the following:
 - a. history of hospitalization for emotional or nervous disorders (to include name of hospital and date(s) of hospitalization(s) if this information is available);
 - b. history of counseling and/or outpatient treatment;
 - c. description of current medication.
 2. History of head injury or trauma.
 3. Past and current substance abuse and treatment to include the following:
 - a. consumption patterns of beer, wine, and liquor and history of treatment for alcohol abuse;
 - b. consumption patterns of illegal drugs and history of treatment for drug abuse.
 4. Suicidality - History of suicide attempts and past and current suicidal ideation and/or self-harm.
 5. Assessment of violent behavior to include the following:
 - a. history of suspension from school for fighting;
 - b. past loss of employment due to fighting;
 - c. participation in the armed forces (to include length and branch of enlistment as well as history of engagement in fights while enlisted).
 6. Education:
 - a. last educational level completed in school;
 - b. history of enrollment in special education classes;
 - c. ability to read and write English.
 7. Criminal History:
 - a. history of convictions for violent crimes (to include the name of the crime convicted and the sentence imposed);
 - b. history of convictions for sexual offenses (to include the name of the crime convicted and the sentence imposed);
 - c. the inmate's opinion regarding others' perceptions of him or her as "a violent person."

8. Behavioral observations intended to note the presence of the following:
 - a. aggression, agitation, paranoia, manipulative behaviors, and hyperactivity;
 - b. delusions, hallucinations, irrational behaviors, loose associations, and terrified behaviors;
 - c. presence or lack of appropriate eye contact, labile behavior, lethargy, passivity and withdrawn affect.
 9. Brief mental status examination.
- C. Inmates with symptoms perceived by medical staff to be indicative of serious mental illness and/or acute mental health needs shall be referred to a mental health professional for a mental health evaluation. The referral must take place the same day the signs/symptoms are noted via the mental health intake assessment and the evaluation must occur no later than three working days following the referral.
- D. Disposition:
1. The disposition, whether an immediate referral to a qualified mental health professional for a mental health evaluation, special housing, suicide precautions, transport to an outside facility or routine processing, must be documented in accordance with Protocol 361.01.16 (Chart Documentation).
 2. A progress note will be entered in the mental health record indicating:
 - a. date and time of assessment;
 - b. action taken;
 - c. other pertinent clinical information not included on the mental health intake assessment.
- E. If the inmate has a history of mental health treatment, the inmate's signed authorization for release of information from previous providers shall be secured at the time of the mental health intake assessment. Refusals to authorize release of information from previous providers should be clearly documented. The original signed authorization(s) shall be forwarded to the provider(s) and copies of the authorizations shall be filed in the inmate's medical chart.

VI. REFERENCES

28 V.S.A. Section 801; 28 V.S.A. Section 903; 28 V.S.A. Section 906; 28 V.S.A. Section 907.

NCCHC Adult Standards 1992 P-54

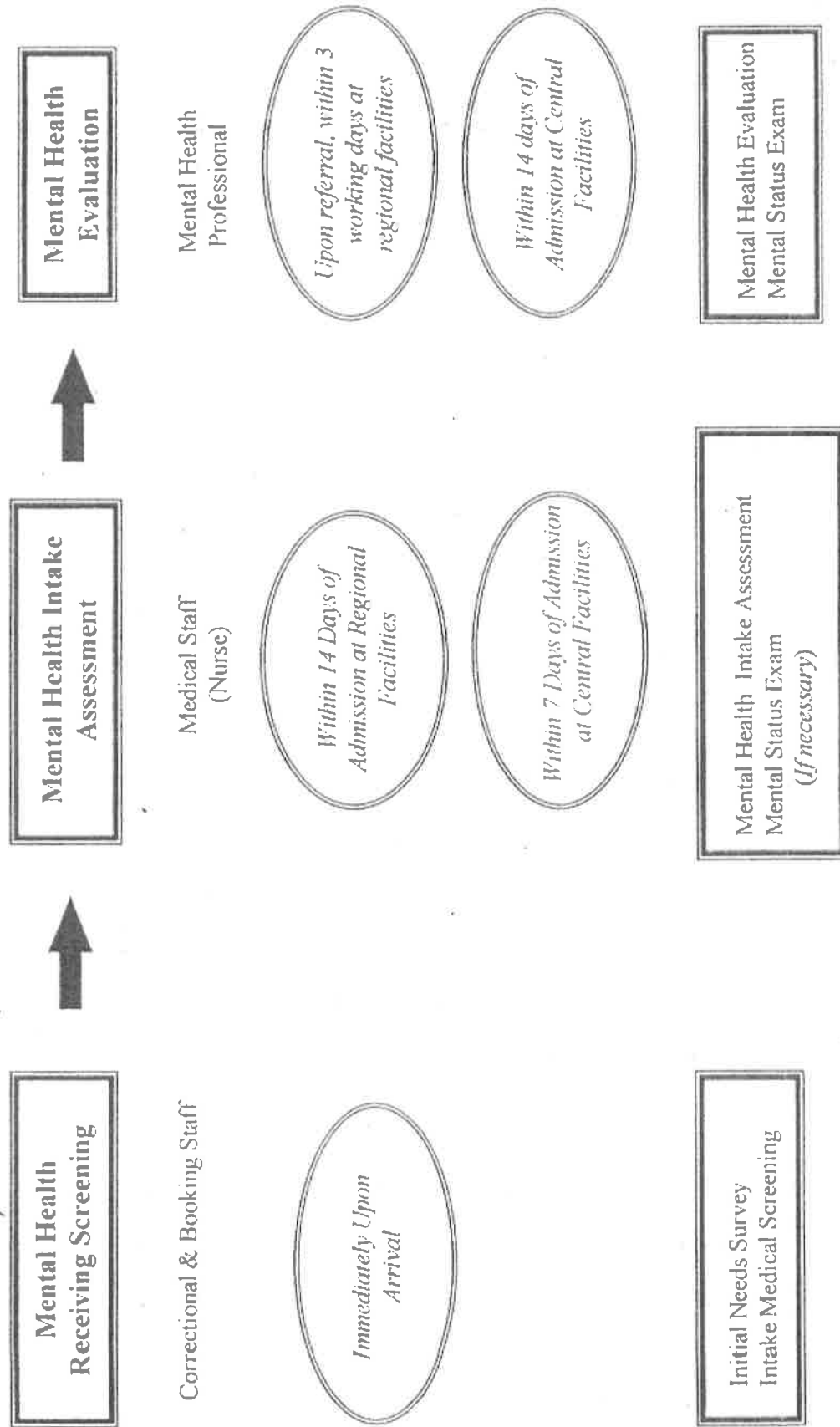
NCCHC Adult Standards 1996 J-51

ACA 1990 3-4343, 3-4344

VII. DRAFT PARTICIPANTS

This directive was drafted by Thomas Powell, Ph.D., Clinical Director, 103 S. Main St., Waterbury, VT 05671. Also actively participating in development of this directive were Erin Turbitt, Sandy Dengler, Shirley Meier, R.N., M.Ed., and Chris Carr, Ph.D.

PROGRESSION OF MENTAL HEALTH SERVICES



MENTAL HEALTH INTAKE ASSESSMENT

Inmate Name: _____
Facility: _____

DOB: _____
Date: _____

Mental Health History		
1. Have you ever been hospitalized for an emotional or mental health problem? If yes, what hospital? _____ When? _____	Yes	No
2. Have you ever received counseling or outpatient treatment for an emotional or mh problem? If yes, when? _____ Where? _____	Yes	No
3. Are you now or have you ever taken any medication(s) for emotional or mh problems? If yes, what are you taking/did you take? _____ How often? _____ Who prescribed it? _____ How long have you been taking it? _____ Evidence of Extrapyramidal Symptoms? _____	Yes	No
4. Have you ever experienced a head injury or trauma? Describe: _____	Yes	No
5. Do you use any of the following? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;">Beer?</div> <div style="width: 20%;">How Much? _____</div> <div style="width: 20%;">How Often? _____</div> <div style="width: 20%;">For How Long? _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;">Wine?</div> <div style="width: 20%;">_____</div> <div style="width: 20%;">_____</div> <div style="width: 20%;">_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 20%;">Liquor?</div> <div style="width: 20%;">_____</div> <div style="width: 20%;">_____</div> <div style="width: 20%;">_____</div> </div>	Yes	No
6. Have you ever been treated for alcohol abuse? If yes, how many times? _____ When? _____ Where? _____ How long did tx last? _____	Yes	No
7. Have you ever used illegal drugs? If yes, when? _____ What illegal drugs have you used in the last 12 months? _____ When did you start using these drugs? _____	Yes	No
8. Have you ever been treated for drug abuse? If yes, how many times? _____ When? _____ Where? _____ How long did tx last? _____	Yes	No
9. Have you ever tried to commit suicide? If yes, how many times? _____ When? _____ Where? _____ Were you hospitalized? _____ Where? _____	Yes	No
10. Have you ever thought about killing yourself? If yes, when was the last time? _____ Do you think about it: <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom	Yes	No
11. Have you ever been suspended from school for fighting? If yes, how many times? _____	Yes	No
12. Have you ever lost a job for fighting? If yes, how many times? _____	Yes	No
13. Have you ever been in the armed forces? If yes, how long? _____ What branch? _____ Did you ever get involved in fights during this time? If yes, how many? _____ What was your discharge status? _____	Yes Yes	No No
14. What grade did you complete in school? _____		
15. Were you in any special education classes? If yes, what classes? _____ Are you able to read and write English? _____	Yes Yes	No No
16. Have you ever been convicted of a violent crime? If yes, when? _____ Where? _____ For what crime were you convicted? _____ What was your sentence? _____ What is your prior imprisonment history? _____	Yes	No
17. Have you ever been convicted of a sexual offense? If yes, when? _____ Where? _____ For what crime were you convicted? _____ What was your sentence? _____	Yes	No
18. Do people consider you a violent person?	Yes	No

Behavioral Observation					
Aggressive	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____	Loose Assoc.	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____
Agitated	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____	Manipulative	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____
Delusional	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____	Paranoia	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____
Eye Contact	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inapprop: _____	Passive	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____
Hallucinations	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____	Rational	<input type="checkbox"/> Present	<input type="checkbox"/> Absent: _____
Hyperactivity	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____	Terrified/Crying	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____
Irrational	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____	Withdrawn	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____
Labile	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____	Other: _____		
Lethargic	<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____		<input type="checkbox"/> Not present	<input type="checkbox"/> Present: _____

Mental Status Examination (Include Brief Description)					
Appearance	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate: _____	Concentration	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate: _____
Speech	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate: _____	Intellectual		
Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate: _____	Functioning	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate: _____
Orientation	<input type="checkbox"/> Present	<input type="checkbox"/> Not Present: _____	Memory	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate: _____
Mood	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate: _____	Other: _____	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate: _____

[illegible]

Screened By _____	Date _____
Title _____	Time _____

Ettlinger, Trudee

From: Ettlinger, Trudee
Sent: Thursday, January 12, 2012 9:26 AM
To: Arnell, Bob; 'Sarah Bushaw-Noble'; Gorton, Kimberly
Subject: OOS Clears

Cleared

Richard Gero
Quondell Knight
Mark Clark
Ralph Brown
Charles Krafton
Jeremy Fortin
Lee Griffin
Kyle Brigham
Fredrick Hunter
Timothy Decelle
Donald Doutre
Josh Waterman
Rayshunn Trevathan
Charles Haynes
Christopher Mortensen
Brent Laberge
Kenneth Shaw
Rahel Barrows
Peter Jacobs
Michael Butler
Mark Hatcher
John Johnson
Jacob Goodrich

REMOVE FROM THE LIST

Patrick Cristaldi
Arthur Perham
Thomas Daniels
Arron Morris

Trudee Ettlinger
Chief Nursing Officer
Vermont Department of Corrections
372 Hurricane Lane
Williston, VT 05495
802-871-3185

This email message may contain privileged and/or confidential information. If you are not the intended recipient(s), you are hereby notified that any dissemination, distribution, or copying of this email is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this message from your computer.

1/12/2012